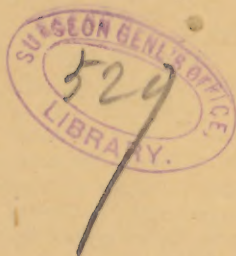


ESHNER (Aug. A.)

Diminutive liver  
from an infant

---





Eshner (Aug. A.)  
al

[Reprinted from THE MEDICAL NEWS, February 2, 1895.]

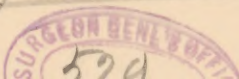
***DIMINUTIVE LIVER FROM AN INFANT.<sup>1</sup>***

By AUGUSTUS A. ESHNER, M.D.,  
ADJUNCT PROFESSOR OF CLINICAL MEDICINE IN THE PHILADELPHIA  
POLYCLINIC.

THE liver that I have the privilege of presenting has been placed in my hands by Dr. R. E. Müller, of this city, who has also kindly furnished me with such clinical and pathologic data as were attainable. The specimen came from a male infant delivered at term with forceps, after a labor lasting forty-eight hours, and weighing seven pounds one ounce at birth. The mother was a German, thirty-two years old, with a justo-minor pelvis, who had led a dissolute life for many years, but denied that she had ever previously been pregnant. She had been in the habit of lacing tightly, even during the pregnancy. There was no history of syphilis or tuberculosis. For the first two days of life the infant was fed on sugar-water, as the mother was unwilling to put it to breast on account of sore nipples. On the third day the child was given the breast, but it refused to nurse. It was then fed with sterilized milk sweetened with milk-sugar. Forty-eight hours after birth the face and chest of the child were observed to be icteric, and soon afterward the conjunctivæ and the extremities also. An effort was made to collect the urine for study, but without success. The stools had a greenish color on the second day. The child wasted rapidly, and died on the eighth

<sup>1</sup> Presented to the Philadelphia Pathological Society, January 10, 1895.

*presented by the author*



day of life. The umbilical cord had been carefully ligated, and the ligature had not fallen off.

At the post-mortem examination it is said that no abnormality was found, save the general icteric discoloration of the tissues and the diminutive size of the liver. The ductus venosus was patulous. The dimensions and weight of the organ were not noted at the time of its removal, but after having been preserved in alcohol for some time the transverse diameter was found to be  $3\frac{1}{2}$  inches, the antero-posterior diameter  $2\frac{3}{4}$  inches, and the vertical diameter  $1\frac{3}{8}$  inches; the weight was two-and-one-quarter ounces.

The specimen appears to me a unique one. I have been unable to find a reference to a parallel observation. In conformation, in fissuration and lobulation, and in histologic structure it presents the appearances of a normal viscus, its only peculiarity, so far as I can discern, consisting in its striking diminutiveness. Malformations of the liver are said to be, on the whole, rather uncommon. Ziegler states that the liver may be entirely absent, though rarely. Although the liver progressively increases in size from the period of its first appearance in the process of development, its relative size, as compared with the weight of the body, begins early to diminish gradually and progressively. Thus, in the first month of fetal life the weight of the liver represents one-half of the entire weight of the body; at birth the ratio is 1 : 18 or 20, and in adult life from 1 : 36 to 40. In the specimen presented this ratio is 1 : 50. I have been unable to obtain any satisfactory figures as to the dimensions of the liver at various periods of development. At birth the organ is said to extend almost to the level of the umbilicus. The average figures for the adult liver are: For the transverse diameter, 11 inches; for the antero-posterior diameter, 7 inches; and for the vertical diameter, 2.5 inches. The weight of the adult liver is from fifty to sixty ounces. In this specimen the

right lobe is the larger, as it should be normally at birth and thereafter. Until the fourth month of fetal life the two lobes are of about equal size, but after this the left is the smaller. The comparatively large size of the liver in the fetus is ascribed to the large supply of blood sent through the organ from the umbilical vein.

I am at a loss for an explanation of the abnormality of size in the specimen presented. I am scarcely willing to make the tight lacing the active factor.





